

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p><i>04/22/22</i></p> <p><i>DEPARTMENT OF STATE - SA-32</i></p> <p><i>RECEIVED BY (Printed Name)</i></p> <p><i>C. Date of Delivery</i></p> <p><i>4/22/22</i></p> <p><i>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</i></p> <p><i>TOUCH AND MAIL</i></p>	
<p>1. Article Addressed to:</p> <p>Office of Legal Affairs, Passport Services U.S. Department of State CA/PPT/LA SA-17, 4th Floor Washington, DC 20522-1704</p> <p>9590 9402 6308 0274 4354 60</p> <p>2. Article Number (Transfer from service label)</p> <p>7020 1810 0000 3457 8512</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <i>Insured Mail</i> <i>Insured Mail Restricted Delivery</i> <i>Over \$500</i></p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 <i>20-cr-20-jdp</i> Domestic Return Receipt</p>			